

DRIVER'S LICENSE HEARING - SECRETARY OF STATE

INTERVIEW FORM

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

_____ County: _____

Client's phone: home: _____ time to call: _____ cell: _____

employer's name: _____

office: _____ ext.: _____

fax: _____ hours: _____

Client's email: _____

Client's S.S. # _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys. _____

How did you hear about our firm? _____

INTERVIEW QUESTIONS:

Prior Applications

1. Have you had any previous hearings for a permit or reinstatement?

__Yes __No. (Include any Out-of-State written applications and informal hearings.)

Drivers License Information

2. Client's Drivers License number: _____

3. Type of license: _____

4. License valid until: _____

5. License suspended on: _____ Suspension terminates on: _____
6. License revoked on: _____ Revocation eligibility date: _____
7. Are you licensed presently in any other state?: _____ Where?: _____
8. Have you previously been licenses in any other state?: _____
 Where and When for each state: _____

Driving Record/Relevant Offenses

9. Offense which caused current suspension or revocation: _____

10. Driving abstract ordered from Secretary of State: __Yes __No.

11. List of prior relevant offenses and administrative actions: Include:

- Traffic Offenses;
- Offenses for which you received Supervision Order;
- Summary Suspensions
- Boating Under the Influence;
- Snowmobiling Under the Influence;
- Non-Driving alcohol or drug related offenses;
- Offenses committed while under the influence;
- Out of State Offenses.

<u>Offenses</u>	<u>Date</u>	<u>Disposition</u>

Alcohol Revocations/Suspensions

(If current revocation or suspension is not alcohol related, go to the next heading)

12. Alcohol evaluation obtained on: _____

(If it's more than six months old on the day of the hearing, an update is required)

13. Agency performing evaluation: _____

14. Agency address: _____

15. Agency license number: _____

16. Evaluators name: _____

17. Current Level Classification: _____

18. Prior Level Classification, if an update is obtained: _____

19. Current Level Classification requirements:

___ Level I - MINIMAL RISK

1) Remedial Education

Completed at: _____ Completed on: _____

(Must be after last alcohol/drug violation) (Written verification form required)

___ Level II - MODERATE

1) Remedial Education

Completed at: _____ Completed on: _____

(Must be after last alcohol/drug violation) (Written verification form required)

2) Treatment

Completed at: _____ Discharged on: _____

(Minimum (12) hours or written waiver) Discharge prognosis: _____

(Written verification of treatment required and must have an individualized treatment

plan, discharge summary and aftercare plan attached)

___ Level II - SIGNIFICANT

1) Remedial Education

Completed at: _____ Completed on: _____

(Must be after last alcohol/drug violation) (Written verification form required)

2) Treatment

Completed at: _____ Discharged on: _____

(Minimum (20) hours or written waiver) Discharge prognosis: _____

(Written verification of treatment required and must have an individualized treatment plan, discharge summary and aftercare plan attached)

___ Level III - NON-DEPENDENT

1) Treatment

Completed at: _____ Discharged on: _____

(Minimum (75) hours or written waiver) Discharge prognosis: _____

(Written verification of treatment required and must have an individualized treatment plan, discharge summary and aftercare plan attached)

2) Further assessment by treatment provider required

and completed on: _____

3) Abstinence documentation required: Yes ___ No ___

(Only needed if recommended by treatment provider)

Abstinence

<u>Name of Authors</u> (3 minimum)	<u>Length</u>
_____	_____
_____	_____
_____	_____
_____	_____

___ Level III - DEPENDENT

1) Treatment

Completed at: _____ Discharged on: _____

(Minimum (75) hours or written waiver) Discharge prognosis: _____

(Written verification of treatment required and must have an individualized treatment plan, discharge summary and aftercare plan attached)

2) Abstinence documentation required

(12 months minimum)

Abstinence

<u>Names of Authors</u> (3 minimum)	<u>Length</u>
-------------------------------------	---------------

_____	_____
_____	_____
_____	_____
_____	_____

3) Support program required (AA or Non-traditional)

Abstinence

<u>Names of Authors</u> (3) minimum	<u>Length</u>
-------------------------------------	---------------

_____	_____
_____	_____
_____	_____
_____	_____

Non-Alcohol Revocations/Suspensions

20. Basis for revocation/suspension: _____

21. Statutory authority: _____

22. Was alcohol or other drugs involved: ___Yes ___No.

23. If yes to #22, then investigative alcohol evaluation may be required:

Evaluation date: _____

Agency performing evaluation: _____

Agency address: _____

Agency license number: _____

Evaluator's name: _____

24. Other documents required to address basis for revocation/suspension:

Restricted Driving Employment Permits

25. Clients Employer: _____

26. Employers address: _____

27. Days and hours of employment: _____

(Written verification from employer must be obtained for all employment information)

28. Is driving required on the job: ___ Yes ___ No. If yes, how far from the employers address must the client drive one way: _____ miles.

29. How is the client getting to work now: _____

30. How is this an undue hardship to client: _____

(Required only if client is not eligible for reinstatement)

31. How is employment related driving being accomplished: _____

32. How is this an undue hardship to client: _____

(Required only if client is not eligible for reinstatement)

33. How much work, if any, has client missed due to no transportation: _____

34. Will client be terminated if an Restricted Driving Permit is not received: ___ Yes ___ No.

If yes, obtain letter from employer which specifically states this fact.

Restricted Driving Support Program Permit

35. Nature of clients support program: _____

36. Days and hours of attendance: _____

37. How is client getting to program now: _____

38. How is this an undue hardship to client: _____

(Required only if client is not eligible for reinstatement)

Restricted Driving Medical Permit

39. Nature of client's medical appointment: _____

40. Days and hours of appointment: _____

41. How is client getting to appointments now: _____

42. How is this an undue hardship to client: _____

(Required only if client is not eligible for reinstatement)

Restricted Driving Educational Permit

43. Name of academic institution: _____

44. Address of academic institution: _____

45. Days and hours of attendance: _____

46. How is client getting to classes now: _____

47. How is this an undue hardship to client: _____

_(Required only if client is not eligible for reinstatement)

Miscellaneous

48. Comments: _____

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____
CLIENT

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***